

DO/US WORKSHEET

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| INTERNATIONAL APPLICATION NUMBER PCT/FR 88/002/2 | | PRIORITY DATE 30 Apr 87 | CH. II <input checked="" type="checkbox"/> | <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 MO. DUE DATE 30 Oct 89 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERNATIONAL FILING DATE 02 May 88 | | FIRST NAMED APPLICANT FOR DO/EO/US Ranoux, Claude | | TOTAL NUMBER 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LANGUAGE OF FILING <input type="checkbox"/> ENGLISH <input checked="" type="checkbox"/> FRENCH <input type="checkbox"/> GERMAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> RUSSIAN <input type="checkbox"/> SPANISH | LANGUAGE OF PUBLICATION <input type="checkbox"/> ENGLISH <input checked="" type="checkbox"/> FRENCH <input type="checkbox"/> GERMAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> RUSSIAN <input type="checkbox"/> SPANISH <input type="checkbox"/> NOT PUBLISHED: <input type="checkbox"/> U.S. ONLY DO/EO <input checked="" type="checkbox"/> AS OF EP REQUEST | PUBLICATION NO. W088/08280 | | DATE OF RECEIPT OF: PCT/IB/302 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | DATE 03 Nov 88 | PCT/IB/304 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | GAZETTE ISSUE 24/88 | PCT/IB/310 (A) 14 Aug 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ART 20 RECEIPTS FROM IB <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> FROM APPLICANT <input type="checkbox"/> IB LATE <input type="checkbox"/> EP REQUEST | | PCT/IB/310 (PD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ITEM | COMPLETE | REMINDER MAIL DATE | | PCT/IB/331 16 Dec 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUEST | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> NO DRAWINGS ON FILING <input type="checkbox"/> ARTICLE 17 DECLARATION | | PCT/IPEA/409 30 Oct 89 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIMS | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> NOT AMENDED <input type="checkbox"/> PUB. BEFORE TIME LIMIT TOTAL PRIORITY DOCUMENTS _____ | | 35 U.S.C. 371 REQ. 30 Oct 89 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAWING | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEARCH REPORT ORIGINAL | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | ASSIGNMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEARCH REPORT ENGLISH | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | PRELIMINARY AMDT. 30 Oct 89 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMENDED CLAIMS | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | DISCLOSURE STATEMENT 30 Oct 89 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIORITY DOCUMENT | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | ACCEPT. NOTICE MAILED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IPER | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | ABANDON NOTICE MAILED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *RECEIPTS FROM APPLICANT UNDER 35 U.S.C. 371 <table border="0" style="width:100%;"> <tr> <td>ITEM</td> <td colspan="2">COMPLETE AT</td> <td colspan="2">COMPLETE AT</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> 20</td> <td><input checked="" type="checkbox"/> 30 MO.</td> <td><input type="checkbox"/> 22</td> <td><input type="checkbox"/> 32 MO.</td> <td></td> </tr> <tr> <td>NATIONAL FEE</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> SURCHARGE</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>OATH/DECLARATION</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> SURCHARGE</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>TRANSLATION OF:</td> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> PROCESSING FEE</td> <td></td> </tr> <tr> <td>REQUEST</td> <td><input checked="" type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> NO TRANSLATION REQUIRED</td> </tr> <tr> <td>DESCRIPTION</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>CLAIMS</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>ABSTRACT</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>WORDS IN DRAWING</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td></td> </tr> <tr> <td>ARTICLE 19 AMDT.</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NONE</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> NONE</td> </tr> <tr> <td colspan="5"></td> <td><input type="checkbox"/> CANCELLED</td> </tr> </table> <p>(TO CLAIMS: MUST BE RECEIVED BY 20 OR 30 MOS.)</p> <p>ART. 36(3) AMT. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NONE</p> <p>(TO <input type="checkbox"/> CLAIMS <input type="checkbox"/> DESCRIPTION <input type="checkbox"/> DRAWING: <input type="checkbox"/> CANCELLED IF NOT BY 32 MO.)</p> | | | | ITEM | COMPLETE AT | | COMPLETE AT | | | | <input type="checkbox"/> 20 | <input checked="" type="checkbox"/> 30 MO. | <input type="checkbox"/> 22 | <input type="checkbox"/> 32 MO. | | NATIONAL FEE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> SURCHARGE | <input type="checkbox"/> NO | OATH/DECLARATION | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> SURCHARGE | <input type="checkbox"/> NO | TRANSLATION OF: | | | <input type="checkbox"/> PROCESSING FEE | | | REQUEST | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NO TRANSLATION REQUIRED | DESCRIPTION | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | CLAIMS | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | ABSTRACT | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | WORDS IN DRAWING | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | ARTICLE 19 AMDT. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NONE | | | | | | <input type="checkbox"/> CANCELLED | 35 U.S.C. 102a DATE 30 Oct 89 |
| ITEM | COMPLETE AT | | COMPLETE AT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 20 | <input checked="" type="checkbox"/> 30 MO. | <input type="checkbox"/> 22 | <input type="checkbox"/> 32 MO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATIONAL FEE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> SURCHARGE | <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OATH/DECLARATION | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> SURCHARGE | <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRANSLATION OF: | | | <input type="checkbox"/> PROCESSING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUEST | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NO TRANSLATION REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIMS | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABSTRACT | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORDS IN DRAWING | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARTICLE 19 AMDT. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | <input type="checkbox"/> CANCELLED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER RECEIPTS FROM APPLICANT AND DATE RECEIVED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EP REQUEST <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OTHER: _____ RECEIVED BEFORE: <input type="checkbox"/> 16 MO SEARCH REPORT <input type="checkbox"/> 18 MO PUB <input type="checkbox"/> ART 20 FROM IB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFORMALITIES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OATH/DECLARATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |